



*The Commonwealth of Massachusetts*  
*Executive Office of Public Safety and Security*

**PAROLE BOARD**

*12 Mercer Road  
Natick, Massachusetts 01760*

**Charles D. Baker**  
*Governor*

**Karyn Polito**  
*Lieutenant Governor*

**Daniel Bennett**  
*Secretary*

*Telephone # (508) 650-4500  
Facsimile # (508) 650-4599*



**Paul M. Treseler**  
*Chairman*

**Michael J. Callahan**  
*Executive Director*

**Intern and Volunteer Placement Information Form**

**Organization**

Name: **Massachusetts Parole Board**  
Address: **Various locations throughout Massachusetts**

**Human Resources Contact Information**

Name: **Nicole Mahan**  
Phone: **(508) 650-4500**  
Email: [NMahan@massmail.state.ma.us](mailto:NMahan@massmail.state.ma.us)

Please check quarter(s) applying for:

<b>Summer</b> <input type="checkbox"/>	<b>Spring</b> <input type="checkbox"/>	<b>Fall</b> <input type="checkbox"/>	<b>Winter</b> <input type="checkbox"/>
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Please check Division applying to:

Research (Natick) <input type="checkbox"/>	Victim Services (Natick) <input type="checkbox"/>
Institutional Services (prisons) <input type="checkbox"/>	Field Services (various locations) <input type="checkbox"/>
Life Sentence Unit (Natick) <input type="checkbox"/>	Interstate Compact (Natick) <input type="checkbox"/>
Legal Unit (Natick) <input type="checkbox"/>	Administrative Services – HR/ Fiscal (Natick) <input type="checkbox"/>

Is this a credited internship?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of educational institution	
Contact person or instructor:	
Address:	
Telephone #:	

**To apply:** Please email resume and completed Intern Information & Availability Form to Nicole Mahan at the above email address, or fax to (508) 652-6801.

**MASSACHUSETTS PAROLE BOARD**  
**INTERN INFORMATION & AVAILABILITY FORM**

Name:
Address:
Telephone #:
Email:

Availability (check all that apply)

	Mon	Tues	Wed	Thurs	Fri
Morning	( )	( )	( )	( )	( )
Afternoon	( )	( )	( )	( )	( )

Number of hours available each week: \_\_\_\_\_

Do you presently, or in the past, have relatives who are employed by the Massachusetts Parole Board? \_\_\_\_\_. If yes, please list:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Do you have any friends or relatives who are on parole supervision in Massachusetts? \_\_\_\_\_. If yes, please list:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**ONLY TO BE COMPLETED UPON THE REQUEST OF THE AGENCY  
ALL APPLICANTS MUST SIGN AND SUBMIT THIS PAGE**

**RELEASE AND CERTIFICATION**

PLEASE READ BEFORE SIGNING

**BACKGROUND INFORMATION REQUEST AND WAIVER**

(Please print clearly or type)

**NAME:**

**LAST**

**FIRST**

**MIDDLE**

**PREVIOUS NAME AND/OR ALIAS:**

**RESIDENTIAL ADDRESS:**

(No PO boxes)

**NUMBER**

**STREET**

**CITY**

**STATE/ZIP**

**HAVE YOU EVER RESIDED IN ANOTHER STATE?** ☐ Yes ☐ No

**IF YES, WHICH STATE(S)?**

**MOTHER'S MAIDEN NAME:**

**SOCIAL SECURITY #:**

**DATE OF BIRTH:**

**SEX:**

**DRIVER'S LICENSE #:**

**STATE ISSUED:**

**MOST RECENT EMPLOYER AND CONTACT INFORMATION:**

I \_\_\_\_\_, hereby release, discharge, and exonerate the Executive Office of Public Safety, Massachusetts Parole Board, its agents and representatives, and any person so furnishing information, for any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or investigations made by or on behalf of the Executive Office of Public Safety, Massachusetts Parole Board.

I hereby authorize the Massachusetts Parole Board to conduct a full background investigation which will include a check with any former employers, a fingerprint-based criminal records check with the local police department, the state police, the Massachusetts Board of Probation, the Registry of Motor Vehicles and interviews with my character references.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

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**RELEASE AND CERTIFICATION**

PLEASE READ BEFORE SIGNING

**CORI NON-DISSEMINATION AGREEMENT**

In compliance with Massachusetts Parole Board regulations and G.L. c. 6, §§ 167, 172, the following agreement is entered into for the purposes of allowing access to records and materials of the Massachusetts Parole Board, a criminal justice agency, which by its nature creates and retains Criminal Offender Record Information ("CORI").

By signing this agreement, the undersigned acknowledges that he/she understands that the retention and/or dissemination of CORI material is subject to the provisions of G.L. c. 6, §§167, 172, Criminal History Systems Board regulations. The undersigned further acknowledges that he/she has reviewed the attach provisions of G.L. c.6, §§ 167, 172, and any violations of the law will subject the violator to any and all existing penalties.

The undersigned further agrees that he/she will not disseminate such CORI information to any agency or individual outside of the Massachusetts Parole Board unless authorized by the Massachusetts Parole Board, in accordance with appropriate laws.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Criminal Records Notification Form

**ONLY TO BE COMPLETED UPON THE REQUEST OF THE AGENCY  
ALL APPLICANTS MUST SIGN AND SUBMIT THIS PAGE**

### RELEASE AND CERTIFICATION

PLEASE READ BEFORE SIGNING

If employed, I agree to abide by all rules and regulations of the Commonwealth. I understand if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the Commonwealth to employ me. I acknowledge that the Commonwealth will, if applicable, review the Criminal Offender Record Information (CORI), Sex Offender Registry Information (SORI) and the Central Registry of Child Abuse/Neglect reports in accordance with M.G.L., Chapter 119, Section 51B.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

I hereby acknowledge that I have read in full and understand the above statement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date